## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

2458744525RD

| CLAIMS AS FILED - PART I   |  |   |                       |                                   |   |                  |       | SMALL ENTITY        |                        |                  | OTHER THAN          |                        |  |
|--|--|---|-----------------------|-----------------------------------|---|------------------|-------|---------------------|------------------------|------------------|---------------------|------------------------|--|
|  |  |   | (Column 1)            |                                   | (Column 2)                                    |                  | 1     | TYPE                |                        | OR               | OR SMALL ENT        |                        |  |
| TOTAL CLAIMS   |  |   | 161                   |                                   |   |                  |       | RATE                | FEE                    |                  | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED          |                                   | NUMBER EXTRA                                  |                  |       | BASIC FEE           | 385.00                 | OR               | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | // minus 20=          |                                   | *   |                  |       | X\$ 9=              |                        | OR               | X\$18=              |                        |  |
| INE  | DEPENDENT CL                                   | _AIMS                                     | # minus 3 =  *        |                                   | * /   | * /              |       | X43=                | Ì                      | OR               | X86=                | 86                     |  |
| ML   | JLTIPLE DEPEN                                  | NDENT CLAIM PF                            |                       |                                   |   |                  | +145= |                     | OR                     | +290=            |                     |                        |  |
| * If the difference in column 1 is less than zero, en  |  |   |                       |                                   | "0" in c                                      | olumn 2          | L     | TOTAL               |                        | OR               | TOTAL               | 856                    |  |
| CLAIMS AS AMENDED - PART II  |  |   |                       |                                   |   |                  |       |                     | <del>L </del>          | 4                | OTHER               |                        |  |
|  | -  | (Column 1)                                | (Column 2) (Column 3) |                                   |   |                  | SMALL | ENTITY              | OR                     | SMALL            |                     |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>OUSLY                                  | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                 | **                                |   | =                | İ     | X\$ 9=              |                        | OR               | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus                 | ***                               | CL AINA                                       | =                |       | X43=                |                        | OR               | X86=                |                        |  |
|  | FIRST PRESE                                    | NTATION OF MU                             | JLIIPLE DEP           | ENDENT                            | CLAIM   |                  |       | +145=               |                        | OR               | +290=               |                        |  |
|  |  |   |                       |                                   |   |                  | L     | TOTAL               |                        | ارا              | TOTAL.              |                        |  |
| (Oalumn 4) (Oalumn 6) (Oalumn 6)   |  |   |                       |                                   |   |                  |       | ADDIT. FEE          |                        | ] <b>~</b> · · · | ADDIT. FEE          |                        |  |
| _  |  | (Column 1)<br>CLAIMS                      |                       | (Colum                            | EST   | (Column 3)       | l F   | 1                   | ADDI-                  |                  |                     | ADDI-                  |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUMB<br>PREVIO<br>PAID F          | DUSLY   | PRESENT<br>EXTRA |       | RATE                | TIONAL                 |                  | RATE                | TIONAL                 |  |
|  | Total  | *   | Minus                 | **                                |   | =                |       | X\$ 9=              |                        | OR               | X\$18=              |                        |  |
| \ME  | Independent                                    | *   | Minus                 | ***                               |   | =                |       | X43=                |                        | OR               | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                       |                                   |   |                  | ╵┟    |                     | -                      |                  | 220                 |                        |  |
|  |  |   |                       |                                   |   |                  | L     | +145=               |                        | OR               | +290=               |                        |  |
|  | ŧ.   |   |                       |                                   |   |                  |       | TOTAL<br>ADDIT. FEE |                        | OR               | TÖTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 1) (Column 2) (Column 3)          |                       |                                   |   |                  |       |                     |                        |                  |                     |                        |  |
| AMENDMENT C  | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>DUSLY                                  | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                 | **                                |   | = .              | Ì     | X\$ 9=              |                        | OR               | X\$18=              | •                      |  |
|  | Independent                                    | *   | Minus                 | ***                               | <u>,                                     </u> | =                |       | X43=                |                        | OR               | X86=                |                        |  |
| 7  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                       |                                   |   |                  |       |                     |                        | 011              |                     |                        |  |
| * 1  | If the entry in colu                           |   | +145=                 |                                   | OR  | +290=            |       |                     |                        |                  |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                       |                                   |   |                  |       |                     |                        |                  |                     |                        |  |

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